Member Application for Payment Consideration

Fill out (online or by hand), print, sign and mail this form with original receipts to:

Blue Cross and Blue Shield of Nebraska
P.O. Box 211136
Eagan, MN 55121

Enrollee ID The enrollee or member ID can be found on your Blue Cross and Blue Shield of Nebraska ID card		
Alpha	Numeric	Group number

Member information				
Enrollee's last name		Enrollee's first name		
Enrollee's street address				
City			State	ZIP code
Enrollee's date of birth	Sex ☐ M ☐ F	Date of injury/illness	Was this related to an auto accident? ☐ Yes ☐ No	
Was this work related? ☐ Yes ☐ No		Other health insurance? ☐ Yes ☐ No		
Name of other health insurance		Policy number		

To speed up processing of your request, please remember to:

- Complete one form for each enrollee.
- Mail only original clear itemized bill(s) on your provider's letterhead that include the following:
  - Date of service
  - Charge
  - Procedure description and/or code
  - Diagnosis description and/or code

  Your doctor's office should provide this to you upon request. Keep in mind that flu shots don't require a procedure or diagnosis code. Without this information, we can't process your claim and we'll have to return it to you. Cash register receipts, cancelled checks, money orders, and personal itemizations aren't accepted as original receipts.
- Keep copies of your original receipts for your files. We can't return originals to you.

I certify the above information is true, the enclosed material is correct and unaltered, and the expenses were incurred by the enrollee listed above. False receipts or altering of this information will result in civil or criminal prosecution. I authorize the release of any information as described below.

Enrollee's signature	Date	Phone

Your right to confidentiality: We will not release any information about you unless you ask us to in writing or when release is necessary to process or review a claim (to another insurance company, for example). We will tell you which information we release and to whom, if you request it.